

WISCONSIN WING - CIVIL AIR PATROL

AIRCRAFT STATISTICS REPORT

INSTRUCTIONS: UNIT COMMANDERS WILL SUBMIT THIS FORM WITH CURRENT DATA:

- (1) Annually by 10 November
- (2) To request a change in the charge rate for the aircraft
- (3) When acquiring a different aircraft

UNIT NAME AND CHARTER NUMBER _____

PURPOSE OF REPORT (CHECK ONE)

ANNUAL _____

NEW AIRCRAFT _____

MAKE & MODEL _____

TAIL # _____

YR MFG'D/REHAB'D (INDICATE WHICH) _____

SERIAL # _____

STATIONED AT _____

ANNUAL TIE DOWN INSPECTION BY _____

DATE _____

STATION (CHECK ONE) HANGER _____

TIE-DOWN _____

COST/MONTH _____

COMMANDER (NAME & ADDRESS)	OPS OFFICER (NAME & ADDRESS)
HOME PHONE ()	HOME PHONE ()
BUSINESS PHONE ()	BUSINESS PHONE ()
UNIT FRO'S: NAME/PHONE:	MEMBERS WITH A/C & HANGER KEYS NAME/PHONE:

WILL AIRCRAFT SATISFY SQUADRON NEEDS FOR THE NEXT YEAR? YES _____ NO _____
 IF NOT, WHY AND WHAT WOULD BE PREFERABLE? _____

WHAT EQUIPMENT WAS ADDED TO AIRCRAFT DURING LAST 12 MONTHS?
 INCLUDE SERIAL NUMBERS AND ESTIMATED VALUES: _____

GENERAL CONDITION OF AIRCRAFT:	GOOD _____	FAIR _____	POOR _____
CONDITION OF PAINT?	GOOD _____	FAIR _____	POOR _____
CONDITION OF ENGINE?	GOOD _____	FAIR _____	POOR _____

WHAT REHABILITATION OR REFURBISHMENT IS NEEDED TO THE AIRCRAFT?

(I.E. NEW RADIOS, TIRES, ETC. EXPLAIN PRESENT CONDITION AND ESTIMATED COSTS OF THE NEEDED REHABILITATION/REFURBISHMENT) _____

AIRCRAFT GENERAL INFORMATION:

DATE AIRCRAFT WAS ASSIGNED TO YOUR SQUADRON? _____

WEIGHTS:

GROSS WEIGHT _____

EMPTY WEIGHT _____

USEFUL LOAD _____

METER READINGS AT:

ACQUISITION:

TACH _____

HOBBS _____

METER READING AT:

30, September, _____

TACH _____

HOBBS _____

TIME REMAINING BEFORE MAJOR OVERHAUL (As of 30, September, _____)

TOTAL TIME ON AIRFRAME (As of 30 September, _____)

ENGINE INFORMATION:

MANUFACTURER _____ MODEL _____ # CYLINDERS _____

YEAR MANUFACTURED/REBUILT (CIRCLE) _____ SERIAL # _____

A & E OR REBUILDER'S NAME/ADDRESS: _____

ENGINE COST: \$ _____

DATE OF LAST ANNUAL: _____

TACH @ LAST 10 HR _____

COST OF LABOR \$ _____

COST OF ANNUAL \$ _____

COST OF 100-HR \$ _____

PROPELLER INFORMATION:

MANUFACTURER _____ MODEL _____

TYPE _____ PITCH _____

YEAR MFG/REBUILT (CIRCLE) _____ SERIAL # _____

CONDITION? GOOD _____ FAIR _____ POOR _____ INSPECTION DATE _____

ELT BATTERY EXPIRATION DATE: _____

PLANE DAMAGE HISTORY: _____

LIST AVIONICS (MAKE, MODEL, NUMBER OF CHANNELS AND SERIAL NUMBERS):

LIST OTHER EQUIPMENT:

BUDGET DATA - UPDATE THIS SECTION EACH TIME THIS FORM IS SUBMITTED:

PRESENT HOURLY CHARGE RATE: WET \$ _____ DRY \$ _____

CHARGE RATE CALCULATION:

A.	OUTSTANDING MAINTENANCE CHARGES/BILLS	\$ _____
B.	OUTSTANDING UNCOLLECTIBLE FLIGHT CHARGES	\$ _____
C.	ESTIMATED ANNUAL INSPECTION COST	\$ _____
D.	ESTIMATED HANGER/TIE DOWN FEES	\$ _____
E.	ESTIMATED LIABILITY INSURANCE FEES	\$ _____
F.	ESTIMATED HULL INSURANCE FEES	\$ _____
G.	ESTIMATED COST OF EQUIPMENT MODIFICATION	\$ _____
H.	LAST ANNUAL PERIOD'S AVIONICS COST	\$ _____
I.	LAST ANNUAL PERIOD'S ENGINE REPAIR COSTS	\$ _____
J.	LAST ANNUAL PERIOD'S "ALL OTHER" REPAIR COSTS	\$ _____
K.	LIST & SUBTRACT AMOUNT OF FUNDS FROM SPONSORS	\$ _____
	TOTAL FIXED COSTS (LINES A THRU J LESS K)	\$ _____

NUMBER OF HOURS AIRCRAFT FLOWN IN THE LAST ANNUAL PERIOD _____

NUMBER OF HOURS ESTIMATED TO BE FLOWN IN THE NEXT PERIOD _____

FIXED HOURLY COSTS: TOTAL COST DIVIDED BY ESTIMATED HOURS \$ _____

INSPECTION COSTS: COST OF INSPECTION TIMES HOURS FLOWN/100 \$ _____

TOTAL DRY HOURLY RATE **\$ _____**

HOURLY COST OF FUEL (FUEL BURN PER HOUR X COST PER GAL) \$ _____

TOTAL WET HOURLY RATE **\$ _____**

RECORDS:

ARE ALL LOG BOOKS UP TO DATE AND CORRECT? YES _____ NO _____
ARE ALL FINANCIAL RECORDS UP TO DATE AND CORRECT? YES _____ NO _____

FINANCIAL:

IS THE UNIT FINANCIALLY ABLE TO MAKE ANY REPAIRS NECESSARY AND TO KEEP THE AIRCRAFT IN PROPER CONDITION AND FLYING? YES _____ NO _____

DOES THE UNIT OWE ANY UNPAID BILLS/LOANS? YES _____ NO _____

HOW MUCH? _____ TO WHOM? _____

FOR WHAT? _____

AIRCRAFT CONTENTS CHECK OFF (ITEMS TO BE IN THE AIRCRAFT AT ALL TIME):

_____ FAA REGISTRATION	_____ AIRWORTHINESS CERTIFICATE	_____ CHECK LIST
_____ FCC STATION LICENSE	_____ FAA EXTERIOR ID PLATE	_____ NOT FOR HIRE
_____ CROSS-WIND LIMITS	_____ CESSNA SEAT SLIP LOCK	_____ SHOULDER HARNESSSES
_____ FIRE EXTINGUISHER	_____ SURVIVAL EQUIPMENT	_____ FIRST AID KIT

UNIT

COMMENTS: _____

I CERTIFY THAT THE INFORMATION ON THIS REPORT IS CORRECT AND AGREE TO ABIDE BY ALL FAA REGULATIONS, CAP REGULATIONS AND WISCONSIN WING SUPPLEMENTS IN MANAGING THIS AIRCRAFT.

DATE: _____ SIGNATURE: _____

WIDO USE ONLY:

ACQUISITION TOTAL TIME: _____ AIRFRAME: _____ ENGINE: _____

AIRCRAFT ACQUIRED FROM: _____

CO-ENDORSED BY WISCONSIN WING:

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____